

FIBRINOUS VESICAL CONCRETIONS.

REPORT OF A CASE IN WHICH TWO LARGE FIBRINOUS CONCRETIONS WERE
REMOVED FROM THE URINARY BLADDER.

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THE following case, so far as I know, is unique.

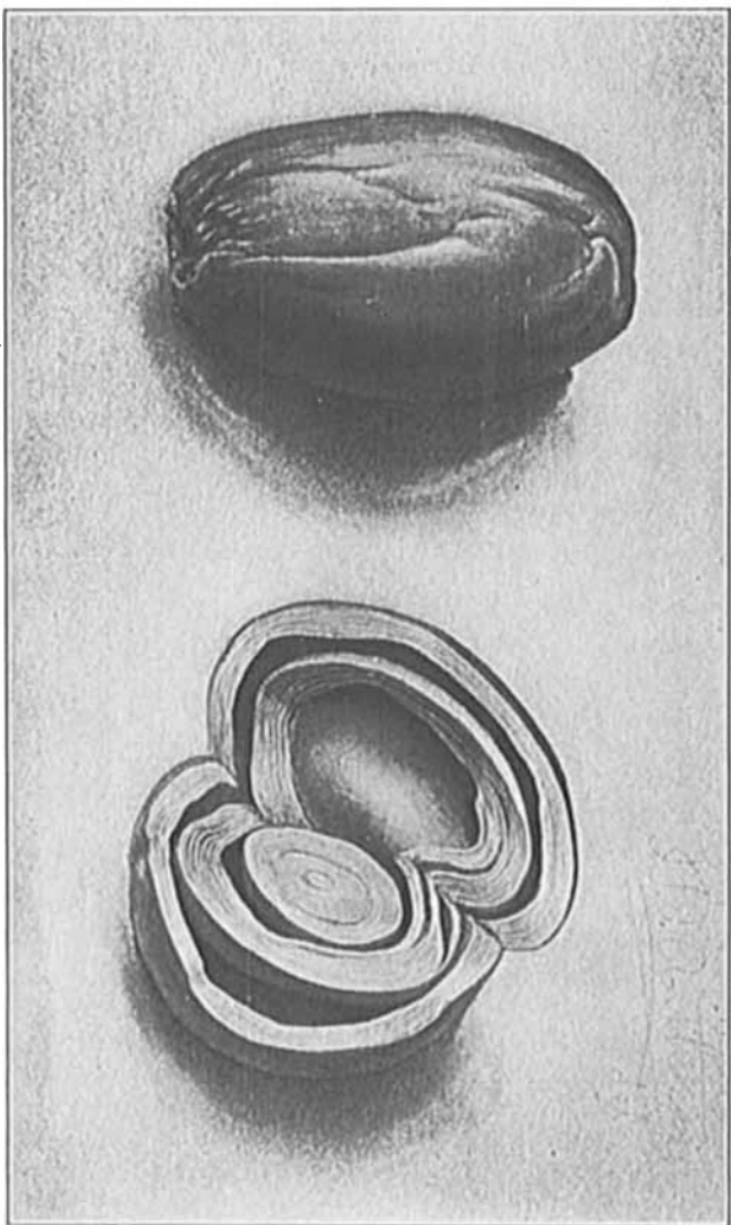
The patient, Mr. F., fifty-four years of age, single, fish-dealer, was admitted on November 3, 1902, to Dr. J. C. Warren's service, at the Massachusetts General Hospital, with the following history.

Six years before entrance he had been seized with severe pain in the abdomen, rolled on the floor, and vomited. This pain lasted for two days, confining him to bed for a week. Since then has had several attacks of a similar nature. During the attacks his urine was very bloody. Three years ago he passed a small stone. In September, 1902, he had four attacks with severe vomiting, the last one ten days before entrance. Pain starts in the left flank and goes down into the groin, at times as far as the testicle; passes water every half-hour. Examination negative. No stone could be felt with the searcher. X-ray and urinary examination negative. While in the wards he passed a small stone per urethra.

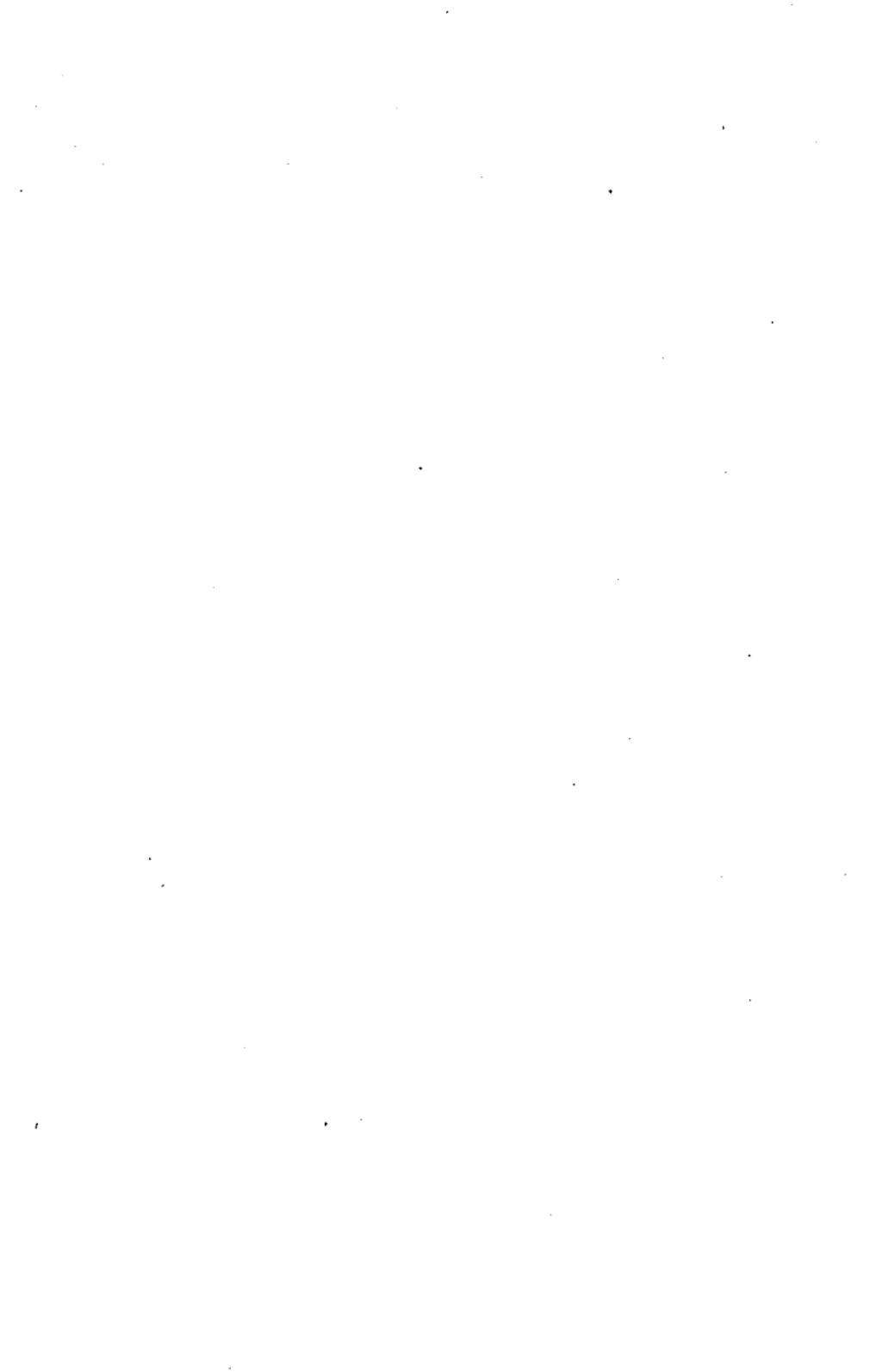
Dr. Warren operated for right inguinal hernia, from which operation he made an uninterrupted convalescence.

Patient re-entered the hospital on February 18, 1903, in Dr. Elliot's service. Since discharge has had more or less trouble with his water, at times the urine is bloody, with severe tearing pain, lasting for about ten minutes, and coming on at the time of micturition. Occasionally the urine shuts off abruptly. Micturition is greatly increased in frequency. Six days before entrance he passed bright red urine with clots. Examination by Dr. Elliot with finger in the rectum showed a slightly enlarged prostate, which was tender.

On the 19th, operation by Dr. Elliot. Stone searcher introduced into bladder, but nothing found. Bladder washed with



FIGS. 1 and 2.—Fibrous concretions about a calcic phosphate nucleus. From bladder.



Bigelow evacuator. No clicking. On introducing two fingers into the rectum, a mass at the base of the bladder could be plainly felt by bimanual palpation. A suprapubic operation was done after the bladder had been filled with water. The bladder wall was found to be extremely thin. On opening it and inserting the finger, two large, ovoid, smooth, soft masses could be felt about the size of small hen's eggs. These two masses moved freely and were found to be free in the bladder. They were elastic to the feel. After introducing a retractor, both of them were removed with ease. The bladder was otherwise normal. A rubber tube with gauze packing was inserted into the bladder, and a catheter through the urethra. Convalescence uneventful. On section of one of these ovoid masses, a small stone was found in the centre, surrounded by layers of laminated fibrin. (Figs. 1 and 2.)

Drainage tube removed from the bladder on the fourth day. Catheter removed on fourteenth day. Discharged, March 22. May 18, feels perfectly well; has no frequency of micturition.

The following is the pathological report by Dr. Whitney on the specimens removed.

Two egg-shaped bodies removed from the bladder, the larger measured 6.5 by 3.75 centimetres and the other 5.5 by 3.5 centimetres. They were of a lightish yellow color, with smooth surfaces, slightly wrinkled, and of the consistency of firm putty. The larger weighed forty-five grammes and the smaller twenty-seven grammes.

On section the structure was found to be laminated, between some of the layers of which were spaces which may have been occupied by fluid.

The structure was homogeneous, slightly gritty, giving the impression of coagulated material, fibrin and mucus, mixed with particles of urinary salts, in the centre of which was a small nucleus which measured about 2.5 centimetres in greatest extent, composed of inorganic material, which on the analysis of Professor E. S. Wood was found to be composed "chiefly of calcic phosphate, with trace of calcic carbonate and triple phosphate, and débris of inorganic material."

Fibrinous concretion about a calcic phosphate nucleus.